

Health Planning Council

Meeting 9

Advisory Committee

Meeting 6

Joint Meeting

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May 20, 2014**

Agenda

- Approve Minutes from March 26 Meeting
 - Health Planning Council/Advisory Committee Joint Meeting
- Timeline - Reminder
- Analytic framework – Needs; Demand estimation; Provider Inventory and capacity; Use
- Inventory Data – MH and SA Programs and Services
- Methods for Utilization data
- RFI and Interview Summary
- Issue Brief Topics
- Conclusions and Next Steps

- **Approve Minutes from March 26 Meeting**
 - Health Planning Council/Advisory Committee Joint Meeting

Reminders

- Service mapping – Complete
- Service Definitions – Complete
- Needs Framework – Complete
- Data Requests and Privacy Agreements – Complete
- Inventory: Beds, Licensed Programs and Contracts – May
- Analytic Approach for Utilization Data – May
- Utilization Data, Analysis and Report – June 30
- Next Council Meeting – July 9

Analytic Road Map and Framework – Report



- Needs will be estimated using national prevalence and survey data. The framework and the overall need data were shared last meeting.
- Demand for services in behavioral health is highly elastic and data such as wait lists are not readily available. Many people meeting diagnostic criteria are not “ready” for treatment. Interviews, document review and comparisons of claims levels will help us comment on demand.
- Use data will come from six primary sources: DPH-BSAS; DMH; MassHealth; Medicare 5%; commercial data from CHIA-APCD; and hospital discharge data which includes general acute care hospitals (not freestanding) and hospital ER.
- Provider inventory is available primarily for licensed programs and is covered in this presentation. Capacity estimates for inpatient and other selected services will be developed in the final report.

Inventory

Inventory Analysis

- Developed inventory from DMH and DPH licensing and contract data
- Uses the 15 Health Policy Commission planning regions
- Provider inventory and other data are summarized as follows:
 - Statewide and regional MH and SA bed inventory by service – total # of beds and beds/100,000
 - Hospital and other acute inventory has been mapped to display geographical distribution
 - Statewide and regional clinic locations and #s of sites (no capacity data)
 - Statewide and regional locations for CBFS and other MH services
 - Substance abuse licensed services and other programs, by location
 - Select data summarized here

Mental Health

- DMH provides services to over 21,000 DMH clients:
approximately 2,300 children with serious emotional disturbance
and 19,000 adults with serious and persistent mental illness.
- More than 90% of DMH clients served in the community
- DMH services provide rehabilitation and support to enable people to live, work and participate in the community
- *Acute* care for DMH clients and all other state residents, including outpatient clinic and hospital acute care, is mostly funded through public and private insurance
- DMH licenses acute-care psychiatric units at general hospitals and at free-standing psychiatric hospitals
- *DPH* (not DMH) licenses outpatient mental health clinics

MH Service Inventory

| Service Group | Tables by Service |
|---|--|
| Inpatient: Psychiatric Beds | Numbers of General Acute and Freestanding Hospital Beds |
| Inpatient: Continuing Care Beds | Numbers of State Hospital Beds by Region, 2014 |
| Outpatient: Licensed Mental Health Clinics | Licensed Outpatient Clinics Providing Mental Health and Medical Services by Region, 2014 |
| Outpatient: Community Based Flexible Support services | Capacity of CBFS Programs by Region |

Additional detail on the inventory of services above is being developed by the team. This will include other important services: partial hospitalization, day treatment, crisis stabilization, adult respite, intensive residential treatment programs for children, adult case management, child and adolescent case management and Flex services for children, recovery learning centers, clubhouses, emergency departments, and emergency service programs.

Inpatient Mental Health

- 65 acute freestanding and general psychiatric facilities across the state
- 2,399 acute inpatient psychiatric beds:
 - 44% in free-standing hospitals
 - 56% in general hospitals
- 36 acute beds per 100,000
- 10% of beds for kids, 73% of beds for adults, 17% in specialized geriatric units
- Bed capacity, from 2010 to 2014, has grown 5% among the free-standing hospitals and 2% among all hospitals; general hospital beds showed no change.

- 626 continuing care beds provide ongoing treatment, stabilization and rehabilitation for the relatively few people needing more inpatient care after an acute inpatient hospital stay
- Other important services that complement the use of the hospital include:
 - 39 partial hospitalization programs
 - 30 day treatment programs
 - 22 crisis stabilization programs
 - 42 emergency services programs

Licensed MH Clinics

- 380 clinics statewide licensed by DPH provide MH services – two-thirds of the total clinics*
- Among the 558 clinics providing medical care, mental health care or both:
 - 51% provide mental health care only
 - 17% provide both mental health and medical care
 - 32% provide medical care only
- MH Clinics can provide both mental health and substance abuse services

* Numbers of clinics include license-holding clinics and their satellite clinics, each counted separately. Among the excluded clinics are those that provide only dental, pharmacy, physical rehab or MRI services. Also not included are physician-owned offices, which are not licensed by DPH.

DMH Community Redesign: Policy Context

- DMH began a re-design of its community services in 2009
 - Supports the Administration's Community First initiative
 - Promotes recovery and resiliency, flexible and individualized services
- Redesigned services include:
 - Adults: Community Based Flexible Supports, Respite, Clubhouse
 - Child and Adolescent: Caring Together (DMH-DCF joint residential); Individual and Family Flexible Support Services (IFFSS or "Flex")
- Redesigned services and additional community funding resulted in new community placements and less reliance on inpatient and other intensive services
- Result for 2011-2013: decreased continuing care beds and increased capacity of community-based services

- Community Based Flexible Supports, the “cornerstone” of the DMH community mental health system for adults with serious mental illnesses
 - provides services in partnership with clients and their families to promote and facilitate recovery
 - Point-in-time capacity in 2013: 11,814 individuals
 - Includes rehabilitative and support services to manage psychiatric symptoms and medical conditions in the community and that support independent living, wellness and employment
- Other important DMH services include: adult respite, intensive residential treatment programs for children, case management, and recovery learning centers

Inpatient Psychiatric Beds

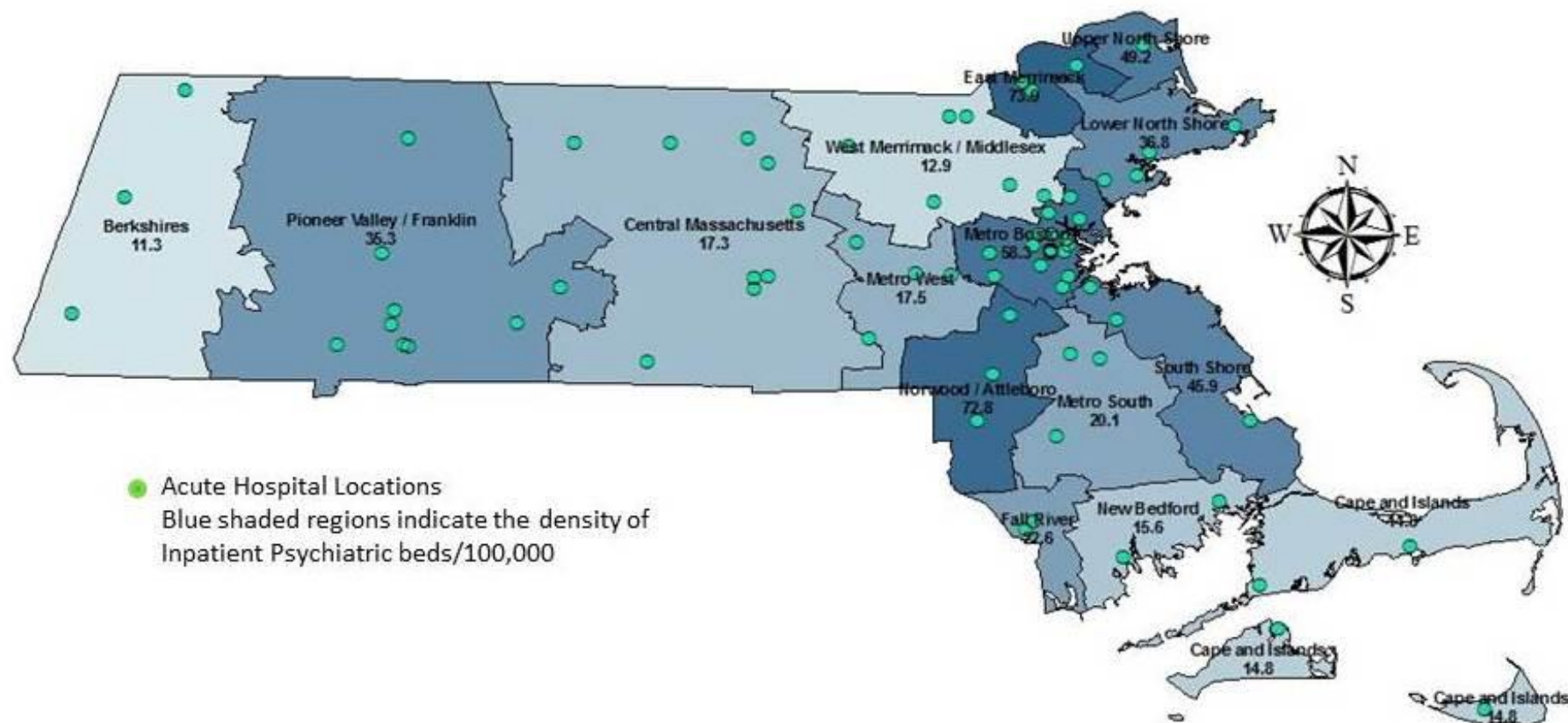
Inpatient Psychiatric Beds in Free-Standing and General Hospitals by Region, 2014

| Region | # of Hospitals or Psychiatric Units* | | | | # of Beds | | | | Population | Beds per 100,000 | Ratio to Statewide Average |
|-----------------------------|--------------------------------------|-----------|----------------|-----------|---------------|--------------|----------------|--------------|------------------|------------------|----------------------------|
| | Free-Standing | General | State-Operated | Total | Free-Standing | General | State-Operated | Total | | | |
| A - Berkshires | 0 | 2 | 0 | 2 | 0 | 15 | 0 | 15 | 132,821 | 11 | 0.3 |
| B - Pioneer Valley/Franklin | 1 | 7 | 0 | 8 | 30 | 213 | 0 | 243 | 689,005 | 35 | 1.0 |
| C - Central Mass | 0 | 6 | 0 | 6 | 0 | 132 | 0 | 132 | 763,769 | 17 | 0.5 |
| D - W. Merrimack/Middlesex | 1 | 2 | 0 | 3 | 41 | 47 | 0 | 88 | 680,688 | 13 | 0.4 |
| E - East Merrimack | 2 | 2 | 0 | 4 | 122 | 74 | 0 | 196 | 265,081 | 74 | 2.0 |
| F - Upper North Shore | 0 | 2 | 0 | 2 | 0 | 32 | 0 | 32 | 65,020 | 49 | 1.3 |
| G - Metro West | 0 | 2 | 0 | 2 | 0 | 54 | 0 | 54 | 333,858 | 16 | 0.4 |
| H - Metro Boston | 5 | 14 | 0 | 19 | 490 | 428 | 0 | 918 | 1,575,595 | 58 | 1.6 |
| I - Lower North Shore | 0 | 4 | 0 | 4 | 0 | 144 | 0 | 144 | 391,184 | 37 | 1.0 |
| J - Norwood/Attleboro | 2 | 1 | 0 | 3 | 177 | 61 | 0 | 238 | 326,752 | 73 | 2.0 |
| K - Metro South | 1 | 3 | 0 | 4 | 30 | 52 | 0 | 82 | 407,120 | 20 | 0.5 |
| L - South Shore | 3 | 2 | 0 | 5 | 149 | 41 | 0 | 190 | 413,670 | 46 | 1.3 |
| M - Fall River | 0 | 1 | 1 | 2 | 0 | 16 | 16 | 32 | 141,534 | 23 | 0.6 |
| N - New Bedford | 0 | 1 | 0 | 1 | 0 | 31 | 0 | 31 | 198,870 | 16 | 0.4 |
| O - Cape and Islands | 0 | 1 | 1 | 2 | 0 | 20 | 16 | 36 | 243,352 | 15 | 0.4 |
| Statewide Total | 15 | 50 | 2 | 67 | 1,039 | 1,360 | 32 | 2,431 | 6,628,319 | 37 | 1.0 |
| Percent | 22% | 75% | 3% | 100% | 43% | 56% | 1% | 100% | | | |

*For free-standing and general hospitals, each hospital with psychiatric beds is counted once. The two state-operated psychiatric units, Corrigan in Fall River and Pocasset on Cape Cod, are located within state mental health centers.

Map: Inpatient Psychiatric Beds

Inpatient Psychiatric Beds per 100,000 in Free-Standing, General, and State-Operated Hospitals by Region, 2014



Continuing care provides ongoing care in a hospital setting for the relatively few people needing more inpatient care after an acute inpatient hospital stay.

Statewide continuing care beds, 2011-2013

| Year | Continuing care beds |
|------|----------------------|
| 2011 | 671 |
| 2012 | 626 |
| 2013 | 626 |

Notable changes include:

- Worcester State Hospital closed in 2011-2012, eliminating 136 beds
- 124 beds were reduced at Taunton from 2011-2012
- Worcester State Recovery Center and Hospital opened in August, 2012 (+156 beds) and expanded in 2013.

DPH-Licensed Clinics

Licensed Outpatient Clinics Providing Mental Health and Medical Services by Region, 2014

| Region | Numbers of Licensed Clinics Providing Indicated Services | | | | |
|------------------------------|--|--------------------|---------------------------|--------------|--|
| | Mental Health | Mental Health Only | Mental Health and Medical | Medical Only | Total Three Types of Clinics (MH only, MH and Med., Med. only) |
| A - Berkshires | 7 | 7 | 0 | 6 | 13 |
| B - Pioneer Valley/Franklin | 49 | 44 | 5 | 21 | 70 |
| C - Central Mass | 45 | 34 | 11 | 39 | 84 |
| D - West Merrimack/Middlesex | 23 | 17 | 6 | 15 | 38 |
| E - East Merrimack | 18 | 16 | 2 | 10 | 28 |
| F - Upper North Shore | 1 | 1 | 0 | 1 | 2 |
| G - Metro West | 12 | 11 | 1 | 15 | 27 |
| H - Metro Boston | 105 | 61 | 44 | 21 | 126 |
| I - Lower North Shore | 29 | 16 | 13 | 10 | 39 |
| J - Norwood/Attleboro | 9 | 9 | 0 | 6 | 15 |
| K - Metro South | 22 | 20 | 2 | 6 | 28 |
| L - South Shore | 24 | 21 | 3 | 16 | 40 |
| M - Fall River | 13 | 11 | 2 | 5 | 18 |
| N - New Bedford | 7 | 7 | 0 | 2 | 9 |
| O - Cape and Islands | 16 | 12 | 4 | 5 | 21 |
| Total Statewide | 380 | 287 | 93 | 178 | 558 |
| Share of All Clinics | 68% | 51% | 17% | 32% | 100% |

Notes: The clinics described in this table are ambulatory care providers licensed by the DPH Division of Health Care Quality for specific services such as medical care or mental health care. The numbers of clinics include both license-holding clinics and their satellite clinics, each counted separately. Data from April 25, 2014.

The counts of clinics in this table represent only a subset of the clinics licensed by DPH: Clinics that do not provide either mental health or medical services were excluded.

In addition, because DPH regulation excludes from its licensing requirements those medical offices and group practices wholly owned and controlled by their physicians, such offices and practices are also not included in the table.

Community Based Flexible Support Svcs, Capacity/HPC Region, 2011-2013

| Region | 2011 | 2012 | 2013 | Population 2013 | 2013 Capacity/ 100,000 | Ratio to state average |
|------------------------------|---------------|---------------|---------------|--------------------|------------------------------|------------------------------|
| A - Berkshires | 440 | 375 | 375 | 132,858 | 282 | 1.6 |
| B - Pioneer Valley/Franklin | 1,370 | 1,620 | 1,625 | 688,144 | 236 | 1.3 |
| C - Central Mass | 1,629 | 1,664 | 1,667 | 759,774 | 219 | 1.2 |
| D - West Merrimack/Middlesex | 956 | 956 | 956 | 680,400 | 141 | 0.8 |
| E - East Merrimack | 608 | 608 | 608 | 263,981 | 230 | 1.3 |
| F - Upper North Shore* | 0 | 0 | 0 | 65,034 | 0 | 0.0 |
| G - Metro West* | 0 | 0 | 0 | 333,038 | 0 | 0.0 |
| H - Metro Boston | 3,405 | 3,368 | 3,368 | 1,565,936 | 215 | 1.2 |
| I - Lower North Shore | 884 | 857 | 857 | 391,117 | 219 | 1.2 |
| J - Norwood/Attleboro | 350 | 356 | 360 | 326,374 | 110 | 0.6 |
| K - Metro South | 702 | 702 | 706 | 406,126 | 174 | 1.0 |
| L - South Shore | 540 | 546 | 558 | 411,610 | 136 | 0.8 |
| M - Fall River | 200 | 200 | 200 | 141,736 | 141 | 0.8 |
| N - New Bedford | 233 | 233 | 236 | 198,382 | 119 | 0.7 |
| O - Cape and Islands | 294 | 298 | 298 | 243,483 | 122 | 0.7 |
| Statewide | 11,611 | 11,783 | 11,814 | 6,607,993 | 179 | 1.0 |

Note: The capacity is the fixed number of people who can be served at any point in time.

*See next slide for important explanation of the entries for Upper North Shore and Metro West.

- Note that the Upper North Shore and Metro West regions appear to have no CBFS capacity, but this is not in fact true.
 - Residents of the Upper North Shore region are served along with residents of neighboring regions through the Essex North site office, where two CBFS contracts have a combined capacity of 596 individuals.
 - Residents of the Metro West region are served along with residents of neighboring regions from four DMH site offices (North County, South County, West Suburban, and Southwest Suburban), where seven contracts have a combined capacity of 1496 individuals.

People in these regions are still receiving local DMH community services.

HPC Regions and DMH Site Offices

- DMH funded services are contracted or operated from 26 local site offices. Most of these services are provided within the person's own community, often in the home or other settings chosen by the client
- DMH capacity data reflect the region with the location of the site office where the contract is held or service is operated
- DMH site offices do not align with the HPC regions. The DMH system of site offices has been built around community boundaries while the HPC regions are based upon hospital service areas and hospital referral regions. Some HPC regions have multiple site offices, some have none.

Changes in Inpatient Psychiatric Beds: 2010-2014

Number of Inpatient Psychiatric Beds in Free-Standing Psychiatric Hospitals, General Hospitals and State-Operated Psychiatric Units, 2010-2014

| Hospital Type | Number of Beds | | | | | Change 2010-2014 | |
|-----------------------|----------------|--------------|--------------|--------------|--------------|------------------|-----------|
| | 2010 | 2011 | 2012 | 2013 | 2014 | Number | Percent |
| | | | | | | | |
| Free-Standing | 990 | 1,005 | 1,025 | 1,034 | 1,039 | 49 | 5% |
| General | 1,366 | 1,353 | 1,353 | 1,354 | 1,360 | -6 | 0% |
| State-Operated | 32 | 32 | 32 | 32 | 32 | 0 | 0% |
| Total | 2,388 | 2,390 | 2,410 | 2,420 | 2,431 | 43 | 2% |

- Freestanding hospital bed growth (5%) over the last four years contrasts with no growth for general acute hospital psychiatric beds that may provide care for more complex, medically involved cases.

Substance Abuse

- Single State Authority
- The Bureau of Substance Abuse Services (BSAS):
 - Oversees substance abuse prevention, intervention, treatment and recovery support services for adults and adolescents (available to youth and adults 13 years of age and older)
 - Licenses treatment facilities and alcohol and drug counselors
 - Funds a continuum of programs and services including detoxification, step-down services, residential rehabilitation, outpatient counseling, medication assisted treatment and community-based recovery support.
 - Tracks substance abuse trends in the state

DPH Licensing Responsibilities

- BSAS licenses substance abuse treatment programs, e.g., day treatment, methadone programs.
- The Division of Health Care Quality (DHCQ) licenses general hospitals and outpatient clinics, some of which provide substance abuse treatment services.

Substance Abuse Service Inventory

| Service Group | Tables by Service |
|------------------------------------|--|
| All | Overview of All Beds |
| All Inpatient and Other Acute Care | Number of All Acute and Other Beds and CSS Beds by Region, 2014 |
| Inpatient and Other Acute Care | Number of Acute Level IV Inpatient Beds by Region, 2014 |
| | Number of Acute Level III.7 Treatment Service Beds by Region, 2014 |
| | Number of Clinical Stabilization Service Beds by Region, 2014 |
| Intermediate Care | Number of Transitional Support Services Beds by Region, 2014 |
| Residential Care | Number of Residential Beds by Region, 2014 |
| Outpatient Care | Opioid Treatment Programs by Region, 2014 |

Note: Additional tables provided in a comprehensive set of tables on all services.

Additional detail on the inventory of services above is being developed by the team. This will include other important SA services: Day Treatment, Outpatient Substance Abuse Counseling, Recovery Support Services, Recovery High School, Naloxone distribution.

Overview of Licensed Beds

Summary of All Beds to Treat Substance Abuse Licensed by DPH

| Major Service Group | Service | Beds | Beds per 100,000 |
|---------------------------------|---|------------------|------------------|
| Inpatient and Other Acute | Medically-managed | 165 | 3 |
| Inpatient and Other Acute | Medically-monitored | 752 | 14 |
| Inpatient and Other Acute | Clinical Stabilization Services | 284 | 5 |
| Inpatient and Other Acute | Section 35 (May 2014) | | |
| | Medically monitored | 56 | 1 |
| | Clinical Stabilization Services | 142 | 3 |
| A) Inpatient & Other Acute Care | Total of services listed above | 1399 | 25 |
| | | | |
| B) Intermediate Care | Transitional Support Services | 291 | 5 |
| | | | |
| C) Residential Care | Residential Services | 2341 | 42 |
| | | | |
| | TOTAL BEDS (A + B + C) | 4031 | 73 |
| | | | |
| | <i>Eligible population, all persons 13 years of age and older, 2010</i> | <i>5,554,121</i> | |

Note: All data except otherwise noted is based on March 2014 reports.

Note: 117 families are also served by DPH, these numbers are not noted on this overview table.

- Inpatient and acute beds total 1,399 beds
 - Medically managed (Level IV)
 - 165 beds (5 programs)
 - Medically monitored (Level III.7)
 - 752 beds (22 programs)
 - Additional 56 inpatient beds for Section 35 (2 programs)*
 - Clinical Stabilization Services (CSS)
 - 284 beds (10 programs)
 - Additional 142 CSS beds for Section 35 (2 programs)*
- 25 beds per 100,000 for all these types of beds

* The total number of Section 35 beds is 198 including 56 “ATS only” beds (Level III.7) plus 142 Clinical Stabilization Service beds. BSAS licensing data as of March 27, 2014

- Transitional Support Services (may follow inpatient detox):
 - 7 programs
 - 291 beds
 - 5 beds per 100,000
- 49 day treatment programs
 - These 49 programs fall under the 120 licensed outpatient programs.
 - Programs must be licensed as an outpatient program to provide day treatment.

- 2,341 residential beds
 - 42 beds per 100,000
 - 94% single adult beds
 - Gender breakdown an important planning issue
 - Proportion of beds by gender (May 2014):
 - 56% men only
 - 28% women only
 - 16% co-ed
- Additional capacity to serve 117 families in residences

- 120 counseling programs
- 50 medication-assisted treatment programs
 - 36 DPH-licensed opioid treatment programs (methadone)*
 - According to SAMHSA, there are 72 office based opioid treatment (OBOT) programs providing Buprenorphine in Massachusetts.
 - BSAS funds 14 OBOT programs
 - See the SAMHSA Treatment Locator for more information
<http://dpt2.samhsa.gov/treatment/directory.aspx>
 - Limited capacity information

* BSAS licensing data as of March 27, 2014

- Intervention Programs funded by DPH
 - Naloxone distribution programs for bystanders and first responders (14 programs with 19 sites)
 - Learn to Cope (one program with 12 sites)

Provides training on overdose prevention, recognition and response; distribute naloxone kits to people in the community who are likely to witness an overdose. Likely bystanders include opioid-users, their friends and family members, and human services providers who serve opioid-users.

- Recovery and support programs
 - 4 recovery high schools
 - 7 recovery support centers
- Case management to assist people in maintaining their recovery through supportive housing, community engagement and peer support

Overview of All Beds Substance Abuse Services

All Inpatient and Other Acute Beds, 2014 Medically Managed, Medically Monitored, and Clinical Stabilization Services

| Region | Beds | Population (≥13 y.o) | Beds per 100,000 |
|-----------------------------|-------------|----------------------|------------------|
| A - Berkshires | 21 | 115,642 | 18 |
| B - Pioneer Valley/Franklin | 90 | 583,165 | 15 |
| C - Central Mass | 258 | 617,789 | 42 |
| D- West Merrimack/Middlesex | 17 | 520,171 | 3 |
| E - East Merrimack | 76 | 225,494 | 34 |
| F - Upper North Shore | 0 | 55,053 | 0 |
| G - Metro West | 0 | 306,636 | 0 |
| H - Metro Boston | 270 | 1,336,899 | 20 |
| I - Lower North Shore | 79 | 331,980 | 24 |
| J - Norwood/Attleboro | 58 | 269,678 | 22 |
| K - Metro South | 64 | 337,324 | 19 |
| L - South Shore | 111 | 350,397 | 32 |
| M - Fall River | 67 | 121,612 | 55 |
| N - New Bedford | 0 | 167,586 | 0 |
| O - Cape and Islands | 90 | 214,695 | 42 |
| Total Statewide | 1201 | 5,554,121 | 22 |

| | | | |
|---|------------|------------------|----------|
| Total Section 35-Medically Monitored and CSS | 198 | 5,554,121 | 4 |
|---|------------|------------------|----------|

| | | | |
|--------------------------------------|-------------|------------------|-----------|
| All Inpatient and Other Acute | 1399 | 5,554,121 | 25 |
|--------------------------------------|-------------|------------------|-----------|

Note: Data as of March 27, 2014. Numbers may not sum to total due to rounding. Census data is 2010.

Note: This includes all medically managed and medically monitored beds including Section 35 beds, as of May 5, 2014.

Acute Inpatient Medically Managed Substance Abuse Services

Acute Inpatient Beds (Level IV), Medically Managed in a Hospital, by Region, 2014

| Region | Beds | Population (≥13 y.o) | Beds per 100,000 |
|------------------------------|------------|-------------------------|---------------------|
| A - Berkshires | 0 | 115,642 | 0 |
| B - Pioneer Valley/Franklin | 0 | 583,165 | 0 |
| C - Central Mass | 114 | 617,789 | 18 |
| D - West Merrimack/Middlesex | 17 | 520,171 | 3 |
| E - East Merrimack | 14 | 225,494 | 6 |
| F - Upper North Shore | 0 | 55,053 | 0 |
| G - Metro West | 0 | 306,636 | 0 |
| H - Metro Boston | 20 | 1,336,899 | 1 |
| I - Lower North Shore | 0 | 331,980 | 0 |
| J - Norwood/Attleboro | 0 | 269,678 | 0 |
| K - Metro South | 0 | 337,324 | 0 |
| L - South Shore | 0 | 350,397 | 0 |
| M - Fall River | 0 | 121,612 | 0 |
| N - New Bedford | 0 | 167,586 | 0 |
| O - Cape and Islands | 0 | 214,695 | 0 |
| Total Statewide | 165 | 5,554,121 | 3 |

Note: Data as of March 27, 2014. Numbers may not sum to total due to rounding. Census data is 2010.

Acute Medically Monitored Substance Abuse Services

Acute (Level III.7) Treatment Medically Monitored Service Beds in Community Facilities by Region, 2014

| Region | Beds | | | | All Ages | |
|-----------------------------|------------|---------------------|------------|--|----------------------|------------------|
| | Adults | Adolescents (13-17) | Total | | Population (≥13 y.o) | Beds per 100,000 |
| A - Berkshires | 21 | 0 | 21 | | 115,642 | 18 |
| B - Pioneer Valley/Franklin | 60 | 0 | 60 | | 583,165 | 10 |
| C - Central Mass | 90 | 24 | 114 | | 617,789 | 18 |
| D- West Merrimack/Middlesex | 0 | 0 | 0 | | 520,171 | 0 |
| E - East Merrimack | 62 | 0 | 62 | | 225,494 | 27 |
| F - Upper North Shore | 0 | 0 | 0 | | 55,053 | 0 |
| G - Metro West | 0 | 0 | 0 | | 306,636 | 0 |
| H - Metro Boston | 196 | 0 | 196 | | 1,336,899 | 15 |
| I - Lower North Shore | 56 | 0 | 56 | | 331,980 | 17 |
| J - Norwood/Attleboro | 58 | 0 | 58 | | 269,678 | 22 |
| K - Metro South | 32 | 0 | 32 | | 337,324 | 9 |
| L - South Shore | 57 | 24 | 81 | | 350,397 | 23 |
| M - Fall River | 37 | 0 | 37 | | 121,612 | 30 |
| N - New Bedford | 0 | 0 | 0 | | 167,586 | 0 |
| O - Cape and Islands | 35 | 0 | 35 | | 214,695 | 16 |
| Total Statewide | 704 | 48 | 752 | | 5,554,121 | 14 |

Section 35 ATS-only beds:

| | | | | | | |
|-----------------|-----------|--|-----------|--|------------------|----------|
| K - Metro South | 32 | | 32 | | 5,554,121 | 0.6 |
| N - New Bedford | 24 | | 24 | | 5,554,121 | 0.4 |
| Total | 56 | | 56 | | 5,554,121 | 1 |

Note: Data as of March 27, 2014. Numbers may not sum to total due to rounding. Census data is 2010.

Note: The Section 35 beds listed on this table are ATS-only beds and represent only a portion of the beds funded by DPH. This data is as of May 5, 2014.

Clinical Stabilization Services Substance Abuse Services

Clinical Stabilization Services, Beds by Region, 2014

| Region | Beds | Population (≥13 y.o) | Beds per 100,000 |
|-----------------------------|------------|-------------------------|---------------------|
| A - Berkshires | 0 | 115,642 | 0 |
| B - Pioneer Valley/Franklin | 30 | 583,165 | 5 |
| C - Central Mass | 30 | 617,789 | 5 |
| D- West Merrimack/Middlesex | 0 | 520,171 | 0 |
| E - East Merrimack | 0 | 225,494 | 0 |
| F - Upper North Shore | 0 | 55,053 | 0 |
| G - Metro West | 0 | 306,636 | 0 |
| H - Metro Boston | 54 | 1,336,899 | 4 |
| I - Lower North Shore | 23 | 331,980 | 7 |
| J - Norwood/Attleboro | 0 | 269,678 | 0 |
| K - Metro South | 32 | 337,324 | 9 |
| L - South Shore | 30 | 350,397 | 9 |
| M - Fall River | 30 | 121,612 | 25 |
| N - New Bedford | 0 | 167,586 | 0 |
| O - Cape and Islands | 55 | 214,695 | 26 |
| Total Statewide | 284 | 5,554,121 | 5 |

Section 35 CSS beds:

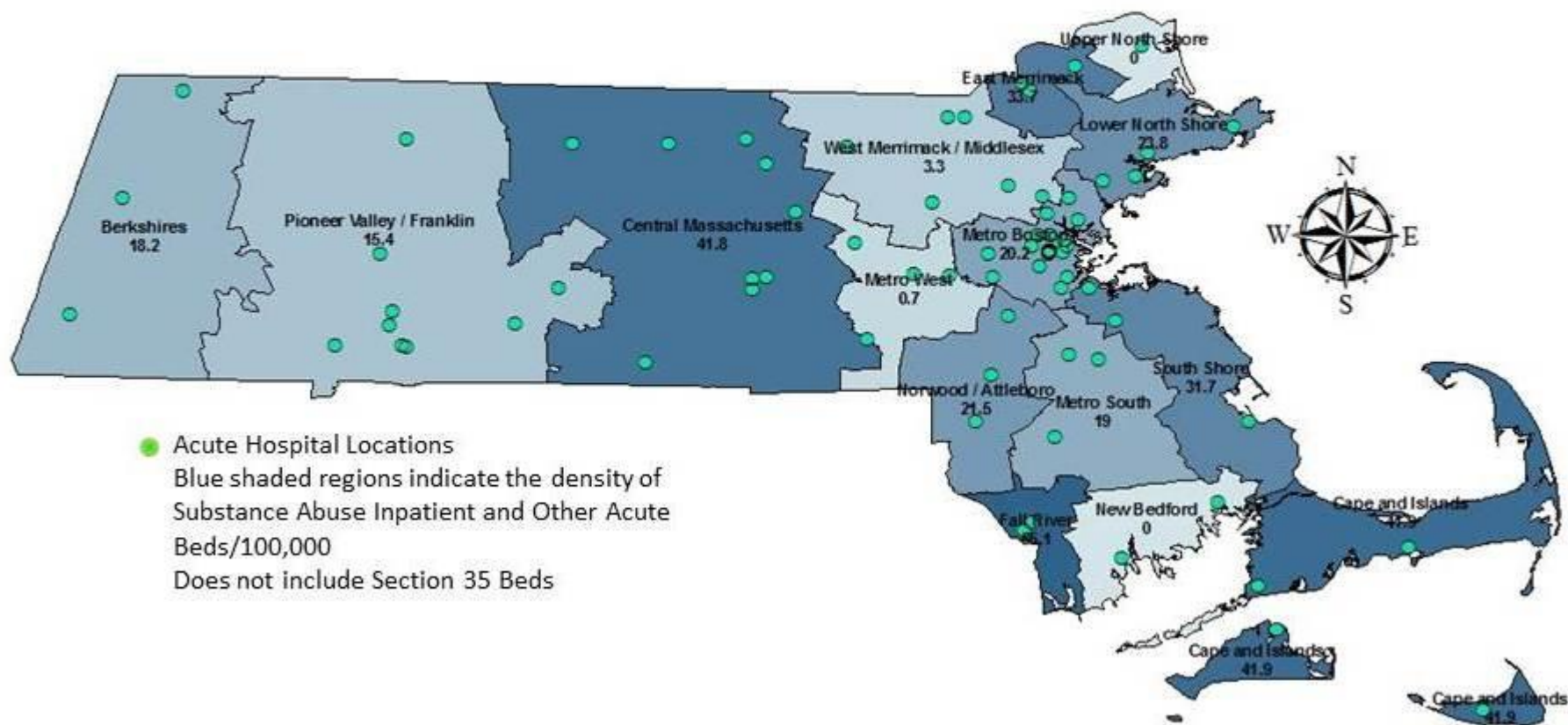
| | | | |
|-----------------|------------|------------------|----------|
| K - Metro South | 76 | 5,554,121 | 1 |
| N - New Bedford | 66 | 5,554,121 | 1 |
| Total | 142 | 5,554,121 | 3 |

Note: Data as of March 27, 2014. Numbers may not sum to total due to rounding. Census data is 2010.

Note: The Section 35 beds listed on this table are CSS beds and represent only a portion of the beds funded by DPH. This data is as of May 5, 2014.

Map: Inpatient and Other Acute SA Services

Substance Abuse Inpatient and Other Acute Beds per 100,000:
Medically Managed, Medically Monitored, and Clinical Stabilization Services by Region, 2014



Transitional Support Substance Abuse Services

Transitional Support Services Beds by Region, 2014

| Region | Beds | Population (≥13 y.o) | Beds per 100,000 |
|-----------------------------|------------|-------------------------|---------------------|
| A - Berkshires | 0 | 115,642 | 0 |
| B - Pioneer Valley/Franklin | 27 | 583,165 | 5 |
| C - Central Mass | 72 | 617,789 | 12 |
| D- West Merrimack/Middlesex | 0 | 520,171 | 0 |
| E - East Merrimack | 0 | 225,494 | 0 |
| F - Upper North Shore | 0 | 55,053 | 0 |
| G - Metro West | 0 | 306,636 | 0 |
| H - Metro Boston | 71 | 1,336,899 | 5 |
| I - Lower North Shore | 25 | 331,980 | 8 |
| J - Norwood/Attleboro | 0 | 269,678 | 0 |
| K - Metro South | 0 | 337,324 | 0 |
| L - South Shore | 60 | 350,397 | 17 |
| M - Fall River | 0 | 121,612 | 0 |
| N - New Bedford | 36 | 167,586 | 21 |
| O - Cape and Islands | 0 | 214,695 | 0 |
| Total Statewide | 291 | 5,554,121 | 5 |

Note: Data as of March 27, 2014. Numbers may not sum to total due to rounding. Census data is 2010.

Note: This list includes beds that are made priority for Section 35 court-ordered treatment.

Residential Rehabilitation Substance Abuse Services

Total Residential Beds and Capacity to Serve Families by Region, 2014

| Region | <i>Adults</i> | | | Beds | | | Calculation | | Capacity to Serve Families |
|------------------------------|---------------|---------------|--------------|-------------|--|------|-------------------------|---------------------------|----------------------------------|
| | <i>Male</i> | <i>Female</i> | <i>Co-Ed</i> | Adults | Transitional Age and Adolescents | Both | Population (≥13 y.o) | Total Beds per 100,000 | |
| A - Berkshires | 0 | 0 | 24 | 24 | 0 | 24 | 115,642 | 21 | 0 |
| B - Pioneer Valley/Franklin | 113 | 65 | 47 | 225 | 16 | 241 | 583,165 | 41 | 21 |
| C - Central Mass | 163 | 97 | 164 | 424 | 33 | 457 | 617,789 | 74 | 12 |
| D - West Merrimack/Middlesex | 0 | 40 | 18 | 58 | 26 | 84 | 520,171 | 16 | 15 |
| E - East Merrimack | 15 | 15 | 0 | 30 | 0 | 30 | 225,494 | 13 | 0 |
| F - Upper North Shore | 20 | 0 | 0 | 20 | 0 | 20 | 55,053 | 36 | 0 |
| G - Metro West | 33 | 35 | 0 | 68 | 0 | 68 | 306,636 | 22 | 22 |
| H - Metro Boston | 586 | 181 | 60 | 827 | 45 | 872 | 1,336,899 | 65 | 34 |
| I - Lower North Shore | 0 | 28 | 40 | 68 | 15 | 83 | 331,980 | 25 | 0 |
| J - Norwood/Attleboro | 146 | 0 | 0 | 146 | 0 | 146 | 269,678 | 54 | 0 |
| K - Metro South | 0 | 23 | 0 | 23 | 0 | 23 | 337,324 | 7 | 0 |
| L - South Shore | 72 | 0 | 0 | 72 | 0 | 72 | 350,397 | 21 | 0 |
| M - Fall River | 23 | 30 | 0 | 53 | 0 | 53 | 121,612 | 44 | 0 |
| N - New Bedford | 47 | 55 | 0 | 102 | 0 | 102 | 167,586 | 61 | 0 |
| O - Cape and Islands | 28 | 38 | 0 | 66 | 0 | 66 | 214,695 | 31 | 13 |
| Total Statewide | 1246 | 607 | 353 | 2206 | 135 | 2341 | 5,554,121 | 42 | 117 |
| | 56% | 28% | 16% | 100% | | | | | |

Note: Data as of March 27, 2014. Numbers may not sum to total due to rounding. Census data is 2010.

Opioid Treatment Services Substance Abuse Services

Opioid DPH-Licensed Treatment Programs and Office-Based DPH-Funded Treatment Programs, 2014

This list does not include satellites.

| Region | Opioid Treatment Programs, Licensed by DPH, (methadone programs) | Office-Based Opioid Treatment Programs, Funded by DPH (suboxone programs) | Both program types |
|------------------------------|--|---|--------------------|
| | | | Number |
| A - Berkshires | 1 | 0 | 1 |
| B - Pioneer Valley/Franklin | 6 | 2 | 8 |
| C - Central Mass | 4 | 1 | 5 |
| D - West Merrimack/Middlesex | 1 | 1 | 2 |
| E - East Merrimack | 1 | 1 | 2 |
| F - Upper North Shore | 0 | 0 | 0 |
| G - Metro West | 2 | 0 | 2 |
| H - Metro Boston | 8 | 6 | 14 |
| I - Lower North Shore | 4 | 1 | 5 |
| J - Norwood/Attleboro | 0 | 0 | 0 |
| K - Metro South | 3 | 0 | 3 |
| L - South Shore | 0 | 0 | 0 |
| M - Fall River | 2 | 1 | 3 |
| N - New Bedford | 3 | 0 | 3 |
| O - Cape and Islands | 1 | 1 | 2 |
| Total Statewide | 36 | 14 | 50 |

Note: Data as of March 27, 2014. Numbers may not sum to total due to rounding. Census data is 2010. This is a partial list of the opioid treatment programs in Massachusetts, based on programs either licensed or funded by DPH. DPH licenses opioid treatment programs providing methadone treatment, but does not license OBOT programs. There are 72 OBOT programs licensed in MA. DPH funds 14. 611 physicians have waivers to prescribe buprenorphine/suboxone used in OBOT.

Not all certified physicians may be actively treating patients with buprenorphine and/or be accepting patients.

See http://buprenorphine.samhsa.gov/bwns_locator/dr_facilitylocatordoc.htm

SA Inventory Points for Consideration

- Inventory provided is a “snapshot” of current capacity.
- The regional variation in beds per 100,000 reflects DPH’ *s statewide* approach to planning.
- Few step-down beds create challenges in moving from detoxification to lower levels of care.
- The capacity of outpatient services is very difficult to quantify.

BH Inventory – Overall Points for Consideration

- DMH and BSAS clients receive an extensive array of supports in the community that are not available from most other payors.
- The generally low proportion of clinics with co-located behavioral health and medical services suggests an important area of focus for improving the integration of behavioral health services
- The HPC regional boundaries have never been either the DMH or BSAS planning boundaries

Next Step: Uses of Inventory Data

- Calculate system capacity for services counted by beds
 - multiplying inventory beds by average stays per year
 - adjust for maximum average occupancy
- Compare capacity with need for aggregated services
 - matching capacity and utilization data for inpatient and other acute services where possible
- For services not counted by beds:
 - use inventory data to identify availability of services by region, support analysis of geographic variation in inventory and use
 - additional data on such capacity much needed to refine future analyses, e.g., outpatient care in clinics and physician offices

Analysis Plan for Utilization Data

Analysis Plan for Utilization Data

- The scope of the analysis will be dictated by the data available from the various payors. Given that service types vary across payors, we will use more detailed categories when reporting on care specific to a payor, e.g. state agencies, but will report by the agreed service groups for cross-payor comparisons.
- Regional data for claims vary by payor; where we do not have 5-digit zip codes or HPC regions, we will make the best possible estimations of HPC regional use.
- Data layouts from state agencies may vary from Medicare FFS, MassHealth and APCD data because of the different data and payment systems.
- To continue to align data and improve reporting, an interagency BH data users workgroup will be established and convened by DPH in the second half of 2014.

Proposed Approach for BH analysis

Utilization Metrics

- Setting of care
 - During an inpatient stay based on stay dates
 - Outside of inpatient stay dates
- Measures
 - Days of stay
 - Episodes/Admissions
 - Encounters – unduplicated days-provider type-patient ID counts for outpatient services
 - Users of services

Organization of Tables by Patient Type

- Demographics
- Region and region characteristics
- Administrative/Payor status
- BH condition flags
- Utilization flags

Proposed Data Tables

Utilization by Payor and Year

| Table 1A.1: - Repeated for Substance Abuse Services | | | | | | |
|---|-----------|---------------|-----------|---------------|-----------|---------------|
| Inpatient Days by Payor: Mental Health | | | | | | |
| Payor | 2010 | | 2011 | | 2012 | |
| | # of days | Days per 1000 | # of days | Days per 1000 | # of days | Days per 1000 |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| etc | | | | | | |
| Total | | | | | | |

| Table 1A.2 - Repeated for Substance Abuse Services | | | | | | |
|--|-----------------|---------------------|-----------------|---------------------|-----------------|---------------------|
| Outpatient Encounters by Payor: Mental Health | | | | | | |
| Payor | 2010 | | 2011 | | 2012 | |
| | # of encounters | Encounters per 1000 | # of encounters | Encounters per 1000 | # of encounters | Encounters per 1000 |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| etc | | | | | | |
| Total | | | | | | |

| Table 1A.3 - Repeated for Substance Abuse Services | | | | | | |
|--|---------------|-------------------|---------------|-------------------|---------------|-------------------|
| Patients by Payor: Mental Health | | | | | | |
| Payor | 2010 | | 2011 | | 2012 | |
| | # of patients | Patients per 1000 | # of patients | Patients per 1000 | # of patients | Patients per 1000 |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| etc | | | | | | |
| Total | | | | | | |

These tables show the distribution of inpatient days, outpatient encounters, and users (totals and per 1000) across payors for mental health & substance abuse for 2010, 2011, and 2012. These tables will be run for APCD - Commercial, MassHealth and Medicare FFS 5% claims.

Proposed Tables: Service Utilization levels by Age, Gender and Year

| Table 2A | | | | | | | | | | | | |
|---|-----------|-----------|------|-----------|------|-----------|------------|-----------------|------------|-----------------|------------|-----------------|
| Mental Health: Inpatient & Outpatient by Patient Age Group & Gender | | | | | | | | | | | | |
| Patient age group & gender | Inpatient | | | | | | Outpatient | | | | | |
| | 2010 | | 2011 | | 2012 | | 2010 | | 2011 | | 2012 | |
| | Days | Days/1000 | Days | Days/1000 | Days | Days/1000 | Encounters | Encounters/1000 | Encounters | Encounters/1000 | Encounters | Encounters/1000 |
| 0 - 17 | | | | | | | | | | | | |
| Female | | | | | | | | | | | | |
| Male | | | | | | | | | | | | |
| 18 - 25 | | | | | | | | | | | | |
| Female | | | | | | | | | | | | |
| Male | | | | | | | | | | | | |
| 26 - 64 | | | | | | | | | | | | |
| Female | | | | | | | | | | | | |
| Male | | | | | | | | | | | | |
| 65 & over | | | | | | | | | | | | |
| Female | | | | | | | | | | | | |
| Male | | | | | | | | | | | | |
| All ages | | | | | | | | | | | | |
| Female | | | | | | | | | | | | |
| Male | | | | | | | | | | | | |

| Table 2B | | | | | | | | | | | | |
|---|-----------|-----------|------|-----------|------|-----------|------------|-----------------|------------|-----------------|------------|-----------------|
| Substance Abuse: Inpatient & Outpatient by Patient Age Group & Gender | | | | | | | | | | | | |
| Patient age group & gender | Inpatient | | | | | | Outpatient | | | | | |
| | 2010 | | 2011 | | 2012 | | 2010 | | 2011 | | 2012 | |
| | Days | Days/1000 | Days | Days/1000 | Days | Days/1000 | Encounters | Encounters/1000 | Encounters | Encounters/1000 | Encounters | Encounters/1000 |
| 0 - 17 | | | | | | | | | | | | |
| Female | | | | | | | | | | | | |
| Male | | | | | | | | | | | | |
| 18 - 25 | | | | | | | | | | | | |
| Female | | | | | | | | | | | | |
| Male | | | | | | | | | | | | |
| 26 - 64 | | | | | | | | | | | | |
| Female | | | | | | | | | | | | |
| Male | | | | | | | | | | | | |
| 65 & over | | | | | | | | | | | | |
| Female | | | | | | | | | | | | |
| Male | | | | | | | | | | | | |
| All ages | | | | | | | | | | | | |
| Female | | | | | | | | | | | | |
| Male | | | | | | | | | | | | |

These tables show inpatient days and outpatient encounters by age categories and by gender within age category for 2010, 2011, and 2012. Will be repeated by racial group if those data are available. These tables will be run for APCD - Commercial, MassHealth and Medicare FFS 5% claims.

Proposed Tables: Service Utilization by Service and Region

| Table 3A | | | | | | | | | | | | |
|---|-----------|-----------|------|-----------|------|-----------|------------|-----------------|------------|-----------------|------------|-----------------|
| Mental Health: Inpatient & Outpatient by Region | | | | | | | | | | | | |
| Region* | Inpatient | | | | | | Outpatient | | | | | |
| | 2010 | | 2011 | | 2012 | | 2010 | | 2011 | | 2012 | |
| | Days | Days/1000 | Days | Days/1000 | Days | Days/1000 | Encounters | Encounters/1000 | Encounters | Encounters/1000 | Encounters | Encounters/1000 |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| etc. | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | |

* For data sources other than Medicare, region will be defined as HPC region, or other (depending on the categorization available in the data). Region will be defined according to residence of beneficiary.

| Table 3B | | | | | | | | | | | | |
|---|-----------|-----------|------|-----------|------|-----------|------------|-----------------|------------|-----------------|------------|-----------------|
| Substance Abuse: Inpatient & Outpatient by Region | | | | | | | | | | | | |
| Region* | Inpatient | | | | | | Outpatient | | | | | |
| | 2010 | | 2011 | | 2012 | | 2010 | | 2011 | | 2012 | |
| | Days | Days/1000 | Days | Days/1000 | Days | Days/1000 | Encounters | Encounters/1000 | Encounters | Encounters/1000 | Encounters | Encounters/1000 |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| etc. | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | |

Proposed Tables: Service utilization by age

| Table 4A.1 - Repeated for Mental and Substance Abuse | | | | | | | | | |
|--|------------------|------|------|------------|------|------|------------|------|------|
| Mental Health Inpatient Utilization by Beneficiary Age Group | | | | | | | | | |
| Beneficiary Age Group | Inpatient Care * | | | | | | | | |
| | 2010 | | | 2011 | | | 2012 | | |
| | Admissions | % | ALOS | Admissions | % | ALOS | Admissions | % | ALOS |
| 0 - 17 | | | | | | | | | |
| 18 - 25 | | | | | | | | | |
| 26 - 64 | | | | | | | | | |
| 65 & over | | | | | | | | | |
| Total | | 100% | | | 100% | | | 100% | |

* Various inpatient facility types (e.g., inpatient acute, psych hospital, rehab hospital, SNF) will be reported separately depending on the level of detail available in the data.

| Table 4A.2 - Repeated for Mental and Substance Abuse | | | | | | |
|---|---------------------------------|------|------------|------|------------|------|
| Mental Health Emergency Department Utilization by Beneficiary Age Group | | | | | | |
| Beneficiary Age Group | Outpatient Emergency Dept. Care | | | | | |
| | 2010 | | 2011 | | 2012 | |
| | Encounters | % | Encounters | % | Encounters | % |
| 0 - 17 | | | | | | |
| 18 - 25 | | | | | | |
| 26 - 64 | | | | | | |
| 65 & over | | | | | | |
| Total | | 100% | | 100% | | 100% |

| Table 4A.3 - Repeated for Mental and Substance Abuse | | | | | | |
|---|--------------------|------|------------|------|------------|------|
| Mental Health Outpatient Utilization by Beneficiary Age Group | | | | | | |
| Beneficiary Age Group | Outpatient Care ** | | | | | |
| | 2010 | | 2011 | | 2012 | |
| | Encounters | % | Encounters | % | Encounters | % |
| 0 - 17 | | | | | | |
| 18 - 25 | | | | | | |
| 26 - 64 | | | | | | |
| 65 & over | | | | | | |
| Total | | 100% | | 100% | | 100% |

These tables show inpatient, emergency department, and outpatient utilization by beneficiary age group. Further breakdowns within the larger inpatient and outpatient categories will be performed as the data allow, including hospital observation stays. These tables will be run for APCD - Commercial, MassHealth and Medicare FFS 5% claims.

** Various Outpatient provider types will be reported separately depending on details available in the data

Data Challenges

- Privacy and other concerns about disclosure
- Duplication of users across data sets – including APCD and MassHealth
- Lack of consistent service definitions or provider taxonomy in commercial and health plan claims data
- Payor groups have different regions: 1) Medicare FFS: Counties; 2) MassHealth: 3-digit zips; 3) DMH, BSAS, APCD and hospital discharge data: reported from 5-digit zips and rolled up to 15 HPC Regions
- State agency data systems differ:
 - DMH does not have detailed encounter data;
 - DPH data includes encounters, is more comprehensive but not reported consistently across service categories
- Licensing data include capacity data (beds) for hospital and residential services. Ambulatory and community service licenses don't include capacity data.

Summary Findings:

Informational Surveys and Interviews

[illegible]

Summary of findings from two sources:

- The Request For Information (RFI) was released by DPH in January 2014. The majority of the 27 RFI responses came from provider organizations, with smaller numbers from statewide organizations and government agencies;
- Key Informant Interviews (March through April 10). Health Planning Council staff and consultants conducted 18 key informant interviews. The interviewees include state leaders, representatives of payors, managed behavioral health organizations, consumers, and other providers.

Summary Findings

Summary of Interview and Responses by Category

| | Interviews | RFI Responses | <u>Total</u> | |
|-----------------------------|------------|---------------|--------------|-------------|
| | | | Number | Percent |
| Consumer/Family Association | 5 | 2 | 7 | 16% |
| Government | 3 | 3 | 6 | 13% |
| Payers and plans | 3 | 3 | 6 | 13% |
| Provider | 1 | 17 | 18 | 40% |
| Provider Association | 6 | 2 | 8 | 18% |
| | | | | |
| Total | 18 | 27 | 45 | 100% |

Most RFI respondents and interviewees are providers or stakeholders and offer their perspective from within the system, which may contain biases (though not always in the same direction). In order to minimize the impact of this bias on the findings of the report, feedback from consumers and observations of others, including experts on the Health Planning Council and Advisory Group, will complement findings from the RFI responses and interviews in the final report.

5 Overarching Findings from Interviews and RFI

The following 5 points summarize the stakeholder input:

1. Compared to public payors, commercial insurers currently provide more limited coverage of residential recovery or treatment and other community services for mental health and substance abuse care.
2. Patient access to an optimal continuum of mental health and substance abuse care is seriously reduced by the limited capacity of residential and community care and of some types of inpatient care.
3. Low payment rates and funding are reported to adversely affect system capacity and access.
4. Divided responsibilities and a lack of statewide planning capacity have inhibited comprehensive understanding and improvement of behavioral services.
5. Data sources available to document the extent of the unmet demand for community services are in need of further development

Resources for Health Planning

- At the last meeting, Council and Advisory Committee members requested an update about resources to support health planning
- Council identified six priority areas for analysis: behavioral health, primary care, post-acute care, trauma, ASCs, and PCI
- Year 1 Behavioral Health analysis has been challenging, but will provide lessons learned to expedite planning in future years
- The Administration has supported health planning, including:
 - \$500K provided in FY2013, with \$300K carried over into FY2014, used for consulting support
 - Substantial staff commitment, consisting of 5897 hours, representing an in-kind commitment of approximately \$300,000
- Budget amendments have been introduced related to health planning. We will investigate additional funding options as necessary (including supplemental funding and PACs). EHS/DPH remains committed to moving this process forward
- Next up: staff anticipate focusing on Post-Acute Care, PCI, Trauma

Next Steps

- Develop capacity estimation methods for inpatient services using average length of stay, readmission and occupancy rate data
- Finalize data collection and analysis from BSAS, DMH and Medicare 5% sample
- Load, verify and begin data analysis for MassHealth and commercial data
- Prepare Issue Brief
- Next meeting date: July 9